Name in Full: Wm. Henry Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: McDaniel — County: Talbot

Date of death 190 4 — Month: Sept. — Day: 28 — Age — Years: 31 — Months: — Days: 4

Sex: Male — Color or Race: Black — Birthplace: McDaniel

Occupation: Hostler — Where Residing if not at place of death: McDaniel

Married, Single or Widowed: Single — Name of ~~Wife or~~ Husband:

Father's Name: John H. Bailey — Father's Birthplace: McDaniel

Mother's Maiden Name: Mary E. Mashokey — Mother's Birthplace:

Name of person giving Information: Ella Adams — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long: about 6 Mos.

Immediate: Pulmonary Consumption

How long: 6 mos.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robt. A Dodson

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full Lavenia E. Bentley

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Oxford — County: Talbot

Date of death 1904 Month: Sept. Day: 29 — Age: Years — Months: 4 Days: —

Sex: Female — Color or Race: Colored — Birthplace: Oxford

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas H. Bentley — Father's Birthplace: Dorchester Co

Mother's Maiden Name: Lavenia Miles — Mother's Birthplace: Talbot Co. Md.

Name of person giving information: Thomas H. Bentley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea. — How long: Ten days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Shannahan

Address: Oxford Md.

Accident or Suicide? —

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LIBRARY BUREAU A86918

Name in Full: Alice Blackwell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death: Month: Sept — Day: 29 — Year: 1904 — Age: Years: 1 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Talbot Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Mother — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Thrush — How long: 6 mo

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr in attendance

Address: John B Fairbank Sub Register

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sarah Elizabeth Coburn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Trappe — County: Talbot

Date of death: Month: 9 — Day: 13 — 1904

Age — Years: 89 — Months: 1 — Days: 10

Sex: Female

Color or Race: White

Birthplace: Talbot Co. Md.

Occupation: Housewife

Where Residing if not at place of death: ——

Married, Single or Widowed: Widow

Name of Wife or Husband: S

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Solomon McMahon

Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Don't know

Mother's Birthplace:

Name of person giving information: Rhoda Catherine Coburn

How related to deceased: Daughter-in-law

CAUSES OF DEATH

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Primary: Left Hemiplegia — How long: 2 years.

Immediate: Acute Diarrhoea — How long: 4 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Charlie Cornish

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hopkins Neck — County: Talbot

Date of death 1907: Month: Sept — Day: 16 — Age: Years: 16 — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Talbot Co.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Jos Moore — Father's Birthplace: Talbot

Mother's Maiden Name: Lilla Cornish — Mother's Birthplace: Talbot

Name of person giving information: Geo Fields — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 3 years

Immediate: Hemroage — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: L. W. Kilmon Undertaker

Address: Royal Oak, Talbot Co. md

Accident or Suicide? —

LIBRARY BUREAU ASSETS

Name In Full: John Cattmore.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death: 1904 — Month: 9 — Day: 11 — Age: Years: 40 — Months: 8 — Days: 10

Sex: Male — Color or Race: Black — Birthplace: Summerset Co

Occupation: Oysterman — Where Residing if not at place of death: Oxford

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Cattmore — Father's Birthplace: Summerset Co

Mother's Maiden Name: Mary Whittington — Mother's Birthplace: Summerset Co

Name of person giving Information: James Taylor — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of the Lungs — How long: One Year

Immediate: Hemorrhage of the Lungs — How long: One day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. P. Roberts

Address: Oxford Maryland

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Susie May Cox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: 1904; Month: Sept; Day: 24; Age: Years: 30; Months: 4; Days: 18

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: none; Where Residing if not at place of death: X

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: John W. Cox; Father's Birthplace: Md

Mother's Maiden Name: Laura R. Smith; Mother's Birthplace: Md

Name of person giving Information: Laura R. Cox; How attended: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of bowels; How long: 2 years

Immediate: Exhaustion; How long: 4 days

PHYSICIAN OR CORONER

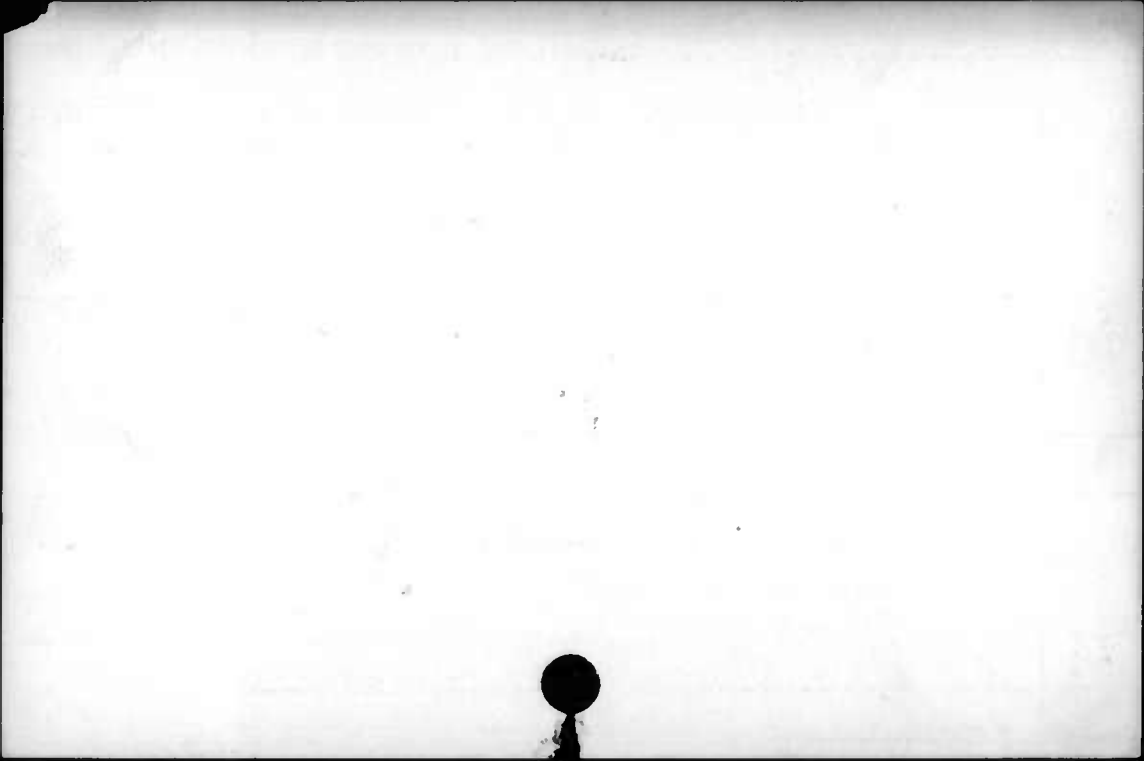
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tuttle

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A69816



Name in Full: Helen Frances Frampton

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Trappe — County: Talbot

Date of death: Month: 4 — Day: 28 — 1904

Age: Years: — Months: 3 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Talbot Co Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Rufus Adylotte Frampton — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Eloise Hadsworth. — Mother's Birthplace: Balto City, Md

Name of person giving information: Rufus A Frampton — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. — How long: 2 months

Immediate: Cholera Infantum — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe Talbot Co Md

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full: Annie Maria Jardner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Miltmar; County: Talbot

Date of death: Month: Sept; Day: 25; 1906

Age: Years: 98; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Centreville Md

Occupation: Housewife

Where Residing if not at place of death: Miltmar

Married, Single or Widowed: Widowed

Name of Wife or Husband: Peter Jardner

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Imformation: Colored Minister

How related to deceased: Pastor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 3 years

Immediate: General debility

How long: Ever Since

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. A. Dodson

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A82616

Name in Full: James Hopkins Gore

CERTIFICATE OF DEATH

MARYLAND

Died Town: near Trappe — County: Talbot Co

Date of death 1904 — Month: 9 — Day: 1 — Age: Years 61 — Months 10 — Days 3

Sex: Male — Color or Race: White — Birthplace: Talbot Co, Md

Occupation: Wheelwright — Where Residing if not at place of death: ——

Married, Single or Widowed: Single — Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Orson Gore — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Mary Ann Quetin — Mother's Birthplace: Talbot Co Md

Name of person giving information: Arthur H. Mullikin — How related to deceased: Benefactor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epithelioma of Face — How long: Active 4 years

Immediate: Blood poisoning. — How long: 3 days —

Are the name, age, sex, color, date and place correctly given above? yes

Signature Physician: Joseph A Ross M D

Address: Trappe Talbot Co, Md

Accident or Suicide? ——

LIBRARY BUREAU A88816

Name in Full: Orpond Hammond Harrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Wittman — County: Talbott

Date of death 1904: Month: Sep. — Day: 9 — Age: Years: 29 — Months: — Days: 1

Sex: Male — Color or Race: American — Birthplace: Wittman Md

Married, Single or Widowed: Married — Occupation: Oysterman

Name of Wife ~~Husband~~: Carrie Harrison

Father's Name: Levi P. Harrison — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Brother = Alex. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 6 Mos

Immediate: Uraemia — How long: 6 few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. K. Wilson

Address: Tilghman Md

Accident or Suicide? No

LIBRARY BUREAU A33816

Name in Full: Charles D. Kirby

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Woodland County: Talbot

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month: Sept. Day: 29

Age — Years: 0 Months: 7 Days: 21

Sex: Male Color or Race: White Birthplace: Talbot Co. Md

Occupation: Child Where Residing if not at place of death: Talbot Co Md

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Ed. P. Kirby Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Sally M. Sanders Mother's Birthplace: " " "

Name of person giving Imformation: Sally M. Sanders How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 6 Days

Immediate: Convulsions How long: 1 day

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Chas. F. Davidson

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Annie R Lecompte

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Royal Oak — County: Talbot

Date of death 1904 — Month: Sept — Day: 24

Age — Years: — Months: 2 — Days: 3

Sex: female — Color or Race: White — Birthplace: Royal Oak

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: William J Lecompte — Father's Birthplace: Talbot Co

Mother's Maiden Name: Minnie E Gilford — Mother's Birthplace: Talbot Co

Name of person giving information: William J Lecompte Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colera Infantum — How long: 2 days

Immediate: Pneumo — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: mid wife Sarah Harris

Address: Royal Oak Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Percy Marshall

CERTIFICATE OF DEATH

MARYLAND

Died Town: East Eastern County: Talbot

Date of death: Month: Sept Day: 22 Years: 1 – Months: 0 Days: 6

Sex: Male Color or Race: White Birthplace: Talbot Co

Occupation: X Where Residing if not at place of death: X

Married, Single or Widowed: Single Name of Wife or Husband: X

Father's Name: Chas. S. Marshall Father's Birthplace: Md

Mother's Maiden Name: Millie J. Jones Mother's Birthplace: Md

Name of person giving information: Chas S Marshall How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Gastritis How long: 6 months

Immediate: Exhaustion How long: Week

1904

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66816

Name in Full: Gertrude Clare Ramsay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death 1907: Month: 9 — Day: 1 — Age: Years: 33 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Norristown Pa

Married, Single or ~~Widowed~~ — Occupation: none

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. R Ramsay — Father's Birthplace: Norristown Pa

Mother's Maiden Name: Lucy Stevens — Mother's Birthplace: Rochester N.Y.

Name of person giving information: Lucy Ramsay — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Stenosis — How long: One year

Immediate: Heart-failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Stevens

Address: Oxford Md.

Accident or Suicide? No

LIBRARY BUREAU A6981G

Name in Full: Fredrick D. Shadden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Michaels — County: Talbot

Date of death 1904	Month	Day	Age: Years	Months	Days
	Sept.	7	35	11	

Sex: Male | Color or Race: African | Birthplace: St Michaels

Married, Single or Widowed: Widower | Occupation: Sailor

Name of Wife or Husband:

Father's Name: Daniel Shadden | Father's Birthplace: St Michaels

Mother's Maiden Name: Margaret Mitchell | Mother's Birthplace: St Michaels

Name of person giving information: Sister | How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

Immediate: Heart failure

How long: 6 or 8 Mo!

How long: Died suddenly.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robt. A. Dodson

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full: Emily J. B. Tomicelli

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Easton — County: Talbot

Date of death: Month: Sept — Day: 9th — 1904

Age: Years: 55 — Months — Days

Sex: Female — Color or Race: White — Birthplace: New Hampshire

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: J. B. Tomicelli — Father's Birthplace: Italy

Mother's Maiden Name: Mary Hammonister — Mother's Birthplace: Germany

Name of person giving information: Celina H. Tomicelli — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Abscess — How long: Two years

Immediate: Exhaustion — How long: a week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elenor Frott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mc. Daniel — County: Talbott

Date of death 1904: Month: Sep — Day: 3rd — Age: Years: 34 — Months — Days

Sex: Fmale — Color or Race: Black — Birthplace: Baltimore Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Thomas J. Frott

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Mary E. Johnson — Mother's Birthplace: —

Name of person giving information: Thomas J. Frott — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Psoas Abscess w Abdominal fistula — How long: 7 mos

Immediate: Asthenia — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. K. Wilson

Address: Tilghman Md

Accident or Suicide?

LIBRARY BUREAU A66516